

GENERAL FACT SHEET

01-64

BILL NUMBER

BRIEF TITLE

APPROVAL DEADLINE

REASON

DETAILS

POSITIONS/RECOMMENDATIONS

<p>Reason for Legislation</p> <p>The FY 2001 budget for the Health Department included increases in fees for refuse haulers. To make the projected revenue, these fees must be increased. The fee has not been increased since 1986.</p>	Sponsor	Health Department
	Program Departments, or Groups Affected	N/A
	Applicants/Proponents	<p>Applicant</p> <p>Leon V. Vinci, MPH</p> <p>City Department</p> <p>Health</p> <p>Other</p>
<p>Discussion (Including Relationship to other Council Actions)</p> <p>Health Department staff met with the Lincoln Solid Waste Management Association Executive Board in late 2000 and discussed this fee proposal. They were very gracious and understanding and accepted the need to increase fees that would impact their business. All licensed refuse haulers were invited to a public meeting in March 2001. No opposition was identified.</p>	Opponents	<p>Groups or Individuals</p> <p>N/A</p> <p>Basis of Opposition</p> <p>N/A</p>
	Staff Recommendations	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against
	Board or Commission Recommendation	BY Board of Health <input checked="" type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No Action Taken <input type="checkbox"/> For with revisions or conditions (See Details column for conditions)
	CITY COUNCIL ACTIONS (For Council Use Only)	<input type="checkbox"/> Pass <input type="checkbox"/> Pass (As Amended) <input type="checkbox"/> Council Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not Pass

POLICY/PROGRAM IMPACT

	POLICY OR PROGRAM CHANGE	<input checked="" type="checkbox"/> NO <input type="checkbox"/> YES _____ _____ _____
	OPERATIONAL IMPACT ASSESSMENT	Increased fee revenue _____ _____ _____
	FINANCES	
	COST AND REVENUE PROJECTIONS	<div> COST of total project: \$ _____ COST of this ordinance Resolution \$ _____ </div> <div> RELATED annual operating Costs \$ _____ </div> <div> INCREASE REVENUE EXPECTED/YEAR \$5,000 _____ </div>
	SOURCE OF FUNDS	<div> CITY _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % </div> <div> NON CITY _____ \$ _____ % _____ \$ _____ % _____ \$ _____ % </div>
	BENEFIT COST <input type="checkbox"/> Front Foot Average Assessment <input type="checkbox"/> Square Foot \$ _____ \$ _____	

FACT SHEET PREPARED BY: Scott E. Holmes, Division Chief

REFERENCE NUMBER